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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP04/12472 11/04/2004

**** FOREIGN APPLICATIONS *******

ITALY MI2003A 002287 11/24/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/QIUWEN MI/ Examiner's Signature	Initials	ITALY	0	15

ADDRESS

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TITLE

Compositions for the treatment of affections of the oral cavity and upper respiratory tract

FILING FEE RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit